Town of Seekonk - Board of Health

Piggery \$50.00

Expires: December 31, 2017



Establishment Information:	
Name:	
Address:	
Phone Number:	
Number of Pigs on Premise:	
State License to Feed Garbage:	○ Yes ○No
	, 0
Applicant Information:	
Name:	
Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Email:	
	<u>'</u>
Required Documentation:	
required bocumentation.	
○ Worker's Comp Affidavit ○ Pest Control Program	m Manure Management Program
I, hereby apply to the Board of Health of the Town of Seekonk,	
Massachusetts for a license to operate a Piggery.	
In Accordance with section 5.17.0, no slaughter of livestock will take place on the property other than exclusive use of	
the permit holder, member of the household or non paying guest.	
Pursuant to M.G.L. 62C, sec. 49A, I have certified under the penalties of perjury that I, to the best knowledge and belief,	
have filed all state tax returns and all state taxes required under law.	
•	
Signature of Individual or Corporate Name	Date
Signature of Corporate Officer (if applicable)	
	fice Use Only
Approved:	
Signature – Chairman Board of Health	